

**STATE OF NEBRASKA**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
REGULATION AND LICENSURE - Credentialing Division  
P.O. Box 94986, Lincoln, Nebraska 68509-4986  
402-471-2117

**COSMETOLOGY, ESTHETICIAN,  
OR INSTRUCTOR  
APPLICATION - BY TRAINING IN A  
FOREIGN COUNTRY**

Mark the Appropriate Box Below for the  
Type of License You are Making Application:

- ☐ Cosmetologist      ☐ Cosmetology Instructor  
☐ Esthetician      ☐ Esthetic Instructor

Print or Type

<b>SECTION A - PERSONAL INFORMATION</b> (All applicants must complete this section) <b>This section is public information and will be displayed on the INTERNET</b> ( <a href="http://www.hhs.state.ne.us/lis/lisindex.htm">http://www.hhs.state.ne.us/lis/lisindex.htm</a> )					
1.	NAME:	First	Middle	Last	
2.	ADDRESS:	Street/PO/Route			
		City	State	Zip	
3.	Telephone #:				
4.	Date of Birth:		5.	Place of Birth (city/state):	
6.	Social Security #: (this is NOT public information and will not be on the Internet) It is required for child support enforcement purposes; and for potential disclosure of reportable actions to the Federal department of Health and Human Service's Healthcare Integrity and Protection Data Bank (HIPDB)				SS#
7.	Date of Completion of High School or GED:	High School      Equivalent (GED)			

✓ **Attach a copy of your birth certificate or equivalent document;**

✓ **Attach a copy of verification of high school education or equivalent (GED)**

**Documents written in a language other than English must include an original notarized translation of the document**

<b>SECTION B - CONVICTIONS</b> (All applicants must complete this section)					
Question	Yes	No	Type of Crime	Date of Action	Name of Court taking action (City/County/State)
Have you ever been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			

If you answered YES above, you must request the following documents are sent directly to this office:

- Official Court Record, which includes charges and sentencing information
- A copy of the police report (not required to be initially submitted if conviction was DUI or MIP)
- If the conviction involved a drug and/or alcohol related offense, all addiction/mental health evaluations
- If you are on Probation or recently released, a letter from your probation officer addressing your progress or date of release

<b>SECTION C - LICENSURE FEES</b>												
<b>COSMETOLOGIST OR ESTHETICIAN:</b> Determine the month and year in which you are submitting your application. If the month falls in the shaded area of the following chart, the fee for initial licensure is \$41.00. If the month falls in the unshaded area, the fee for initial licensure is \$42.00.												
YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Numbered Year	41.00	41.00	41.00	41.00	41.00	41.00	41.00	41.00	41.00	41.00	41.00	41.00
Odd Numbered Year	42.00	42.00	42.00	42.00	42.00	42.00	42.00	42.00	42.00	42.00	42.00	42.00

**INSTRUCTOR: Fee \$40.00**

✓ **Make payable to: CREDENTIALING DIVISION**

<b>SECTION D - EDUCATION</b> (All applicants must complete this section)			
1.	Name of School of Cosmetology or Esthetics:		
2.	Address:		
3.	Date of Graduation: (Month/Day/Year)		
4.	A basic first aid course was successfully completed as part of the cosmetology training program:	<input type="checkbox"/> yes	<input type="checkbox"/> no
	If no, explain type of first aid training obtained and date completed:		
<b>✓Attach a photocopy of the diploma, verifying the completion of the required program of cosmetology/esthetic studies; Documents written in a language other than English must include an original notarized translation of the document</b>			

<b>SECTION E - Licensure</b> issued on the basis of a license in a foreign country/official, recognition to practice <u>or</u> practice at least five years within the eight years immediately preceding this application.	
<b>LICENSURE</b>	
1	Name of Agency Issuing Original License:
2	Date Issued: (Month/Day/Year)
3	Expiration Date: (Month/Day/Year)
<b>✓Attach official verification of recognition/right to practice in the country for which you have completed cosmetology or esthetic training</b>	

OR

<b>WORK EXPERIENCE</b>				
4	List below the Location, Telephone Number and Dates of Full Time Practice gained within the Last Five (5) Years Prior to submission of this Application:			
	Name of Salon	City	Country	Date Began
				Date Ended
TOTAL YEARS OF PRACTICE				

**SECTION F - PHOTOGRAPH** (Applicants must provide a current photograph for the purpose of identification and admission to the examination. Applicants may request to have the photograph returned to them following the examination.)

Attach a current photograph in the space provided to the right, measuring approximately 2" x 3" and signed across the front. The picture must be a frontal view of the applicant's head and shoulders.



**SECTION G - AFFIDAVIT** (All applicants must complete this section of the application before a Notary Public)

STATE OF: \_\_\_\_\_ )  
COUNTY OF: \_\_\_\_\_ ) ss

I, \_\_\_\_\_, being duly sworn say that I am the person referred to in this application and that the statements herein are true and complete.

\_\_\_\_\_  
(Legal Signature of Applicant)

Sworn before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

S E A L